V. S. No. 2
0M—5-42
ev. 5-17-39
-1 X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18271

FILED MAY 18 1943

Registration District No. 1853 — Primary Registration District No. 5453 — Registrar's No. 72

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 580 days (Specify whether years, months or days) In this community 580 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grandview (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Billie Mallicoat

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 20 (Day) 1925 (Year)

8. AGE: Years 17 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Grandview (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business

MOTHER FATHER

12. Name William C. Mallicoat

13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Billie Suggs

15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address U.S. State San. Mount Vernon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Mo.

18. (a) Signature of funeral director W. D. Fossett

(b) Address Mt Vernon Mo.

19. (a) May 9-1943 (Date received local registrar) (b) Audy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1941, to May 7, 1943, that I last saw her alive on May 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	about 2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 11

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Esther E. Coffman (M. D. or other)

Address MO State Sanatorium Date signed 5-7-43

(Licensed Embalmer's Statement on Reverse Side) Mt. Vernon Mo.

RECEIVED
District Health Officer No. 6,
District File Number 543-623
Date Filed MAY 15 1943

JUN 8 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed May L. Truett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.